



MENTOR APPLICATION

First Name	Middle Initial	Last Name	Date	
Home Address		City	State	ZIP
Home Telephone Number	Mobile Telephone Number		Work Telephone Number	
Email Address		Alternate Email Address		
Employer				
Job Title	Length of Employment		Supervisor Name	

Have you ever been convicted of a crime? YES NO

If yes, please explain: _____

Do you object to our agency running a background check on you? YES NO

Why do you want to be a mentor? _____

Can you meet with youth as often as our program requires? YES NO

What times can you meet with your mentees? (Circle All That Apply)

During Lunch ▪ After School ▪ After 5:00 pm ▪ Weekends ▪ Regular Business Hours

Do you have any hobbies, special skills, or career knowledge? _____

Would you prefer to be matched to youth with a particular career interest, gender, or other attribute?

Do you have experience working with youth and/or youth with disabilities?

Can you read or speak languages in addition to English? _____

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year).

Reference 1

Name	
Relationship	
Address	
Telephone	

Reference 2

Name	
Relationship	
Address	
Telephone	

Reference 3

Name	
Relationship	
Address	
Telephone	

Please read this carefully before signing:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment set forth by the program.

Signature

Date